

Helping you make  the most of your healthcare

choices

From
to **Yuck**
Yum

How to get kids to eat healthy (and like it)

**Pumpkin:
Not just
for pies**

6 tips for
taking a hike



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Blue Shield**
of Rhode Island

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FALL 2008

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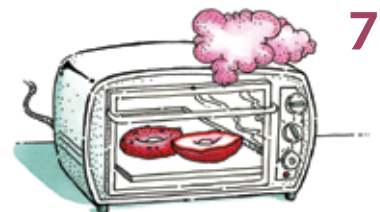
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Earlier this year, New York City became the first city in the country to require that chain restaurants display the calorie counts of all foods. I've read several articles where New Yorkers express their surprise (and dismay) about how many calories are in foods they eat every day, from 600-calorie muffins to 1,300-calorie salads.

Many of us underestimate the number of calories we eat at restaurants and at home, often because we don't realize how large our portion sizes really are. The article on page 10 will explain the difference between portion sizes and serving sizes, and show you how to identify serving sizes through everyday objects. For example, is a serving of nuts about the size of an egg, a baseball, or a hockey puck? (Answer on page 11.)

Right after the portion size article, you'll find another article (page 12) on healthy eating—how to talk to your kids about food. We all know even the pickiest eaters have no trouble with downing cake and cookies, but how do you convince young children to eat broccoli and asparagus? You'll find tips and advice from healthcare professionals and parents on what works and what doesn't.

If you're looking for healthy, delicious recipes to try on kids or adults, turn to page 26. We go beyond pumpkin pie to new uses for the squash, including pumpkin pancakes, ravioli, and soup.

Are you getting hungry yet? This issue also offers advice on how to burn off calories, from training for a challenging hike (page 8) to expert advice from the Chief Science Officer of the American Council on Exercise (page 3).

I hope you enjoy the issue. From all of us at BCBSRI, have a healthy and happy fall!

Julie O'Connell
Julie O'Connell
Editor

choices

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to *Choices* magazine, Blue Cross & Blue Shield of Rhode Island, 444 Westminster St., Providence, RI 02903 or via e-mail to choices@bcbsri.org. Please include a phone number so we can verify your letter. Letters may be edited for space and clarity.

Cedric X. Bryant, Ph.D.

Chief Science Officer
American Council on Exercise

As Chief Science Officer, Dr. Bryant guides the American Council on Exercise in understanding how the body responds to exercise. An accomplished author and lecturer, Dr. Bryant serves as a health and fitness expert for numerous media outlets, including CNN Headline News, *The New York Times*, *The Washington Post*, *USA Today*, and other publications.



Q: What are some of the factors that inhibit adults from getting enough exercise?

A: We're somewhat victims of our own success on multiple fronts. On one front, we've been so successful from a technological standpoint that we've pretty successfully engineered physical activity out of our lifestyles. We don't have to climb stairs, we don't have to walk at the airport—we can just get on the rolling escalators and so forth. Another thing is that the technology that was supposed to help us save time and be able to accomplish more has really, I think, robbed us of any margin that we might have had. We're so overscheduled and pressed. The number one reason we offer for not exercising on a consistent basis is a perceived lack of time. But I would take the counter argument that we find time for those things we truly deem as valuable. So for whatever reasons, we haven't done a particularly good job helping people to value exercise enough to make it a priority.

Q: Can you control your weight by simply burning up enough calories?

A: You really can't defy the laws of thermodynamics. It's a balance of energy in and energy out, in its crudest, simplest form. If you consume more energy than

you expend, you are going to be on what we refer to as a positive energy balance: You're going to gain weight gradually and progressively over time. And the reverse is true: If you expend more than you consume, you will gradually and progressively lose body weight over time because you'll be on a negative energy balance. Now where individual differences come into play, some of us are more or less likely to be on a positive and negative balance due to certain genetic and individual differences. But at the end of the day, what's responsible for the ultimate outcome is that energy balance.

Q: What should an ideal fitness program include for a relatively healthy person?

A: Aerobic activity, preferably on most days of the week for about a half an hour at a relatively comfortable intensity. You want to supplement that with at least two strength training sessions per week on non-consecutive days—about eight to 10 exercises, focusing on major muscle groups. I'd also recommend that people incorporate some flexibility work into the cooldown of their workouts, particularly for the hamstrings and the low back area. Those tend to be common areas where people show deficiencies, particularly as they age.

Q: Does it matter what type of strength training you do?

A: One of the neat things about human muscle is that it's what we call a motor fiber vs. a sensory fiber. It doesn't have a little brain, it doesn't have eyes. So it has no clue as to what's being used to train it. So whether you're using a \$3,000 resistance training machine or dumbbells, the muscle just responds to the manner in which you train it.

Q: What's the key to finding the right program and then achieving results?

A: First, I encourage people to find something they enjoy. You really want to identify a program and activity that you can commit to over the long haul. Think of exercise much like a medicine for high blood pressure. You've got to take your medication as prescribed and on that regularly scheduled basis. You can't take it one day, take off a week, and then take it again and expect to get optimal results. With physical activity, you need to adhere to that consistent prescription of exercise on that regularly consistent basis. Another thing we find is that you're more likely to stick with your program if you do it early in the day.

Q: Can you think of anything else you'd like to share?

A: I would just encourage your readers to move. Sometimes we complicate matters, but just look for every opportunity to move.

Dr. Bryant's Fitness Routine

I start my day with exercise because if I don't, my chances of getting it in decrease exponentially. Also, I'm lucky because I love to move.

Core program: Aerobic exercise for 45 minutes, at least five days per week, and resistance training, two to three times per week.

Other activities: Tennis, racquetball, pickup basketball. Also I edit papers and books while walking slowly on a stair climber.



The Way to 100



No one knows exactly why some people live for a century or more. While both genetics and health habits are important, researchers are still exploring the role each plays.

The New England Centenarian Study, the largest centenarian study in the world, has found that people who live to 100 have varied backgrounds when it comes to education, income, religion, ethnicity, and diet. However, it also discovered that centenarians do share some common characteristics:

- » Few centenarians are obese. In the case of men, they are nearly always lean.
- » Substantial smoking history is rare.
- » A preliminary study suggests that centenarians are better able to handle stress than the majority of people.
- » At least 50 percent of centenarians have first-degree relatives and/or grandparents who also achieve very old age, and many have exceptionally old siblings.
- » Many of the children of centenarians (age range of 65 to 82 years) appear to be following in their parents' footsteps with marked delays in cardiovascular disease, diabetes, and overall mortality.

Apple Pickings

In the fall, apples abound at grocery stores and farmers' markets. How do you know which are sweet and which are tart? Or which cook best in a pie? Use our guide to some popular apple types:

Apple	Description	Best Uses (besides snacking)
<i>Golden Delicious</i>	Firm, with a sweet, mild flavor	Salads, pies, applesauce, cider
<i>Red Delicious</i>	Crisp and sweet	Salads
<i>Braeburn</i>	Very crisp blend of sweet and tart	Salads
<i>Sala</i>	Crisp and sweet	Salads
<i>Granny Smith</i>	Crisp and tart	Salads, pies, applesauce
<i>Fuji</i>	Crisp, sweet, and juicy	Salads, applesauce
<i>McIntosh</i>	Tender, slightly tart, juicy	Salads, pies, applesauce, cider
<i>Pink Lady</i>	Crisp blend of sweet and tart	Salads, pies
<i>Rome Beauty</i>	Firm, slightly tart, juicy	Salads, pies, applesauce, cider



MYTH? or FACT?

Eating turkey makes you fall asleep.



Myth! Turkey does contain tryptophan, an amino acid that can cause sleepiness. But chicken, ground beef, cheese, and pork contain just as much or more tryptophan than turkey! So if you're feeling sleepy this Thanksgiving, it may be because of the big meal, not the turkey.



Guard Your Card

If someone steals your health insurance ID card information, they could use it to get health services under your name. Since those services will be counted toward any policy limits on your benefits, you may reach your limits faster than you should. If that happens, a legitimate claim you file might be denied.

Protect your health insurance ID card—and your coverage—by following these tips:

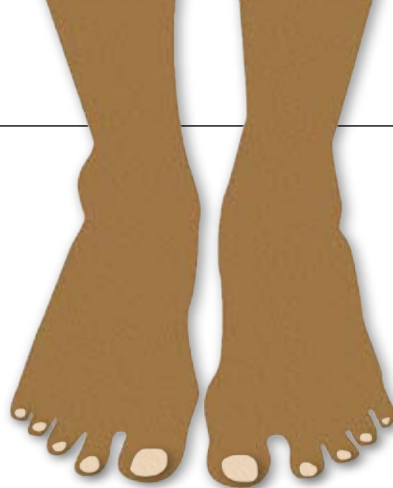
1. Beware of "free" medical services or treatments that ask you for your insurance information.
2. Don't give your insurance number to telephone marketers or door-to-door solicitors.
3. Check your explanation of benefit forms, and make sure you've actually received the services listed. Also, be sure to regularly check your claims history on BCBSRI.com.

If you believe that someone has stolen your health insurance information, please call the Blue Cross & Blue Shield of Rhode Island Anti-Fraud Hotline at **1-800-424-8700**.



The Feet Facts

Let's face it—a lot of people don't like to talk about feet, especially foot problems. But since 75 percent of us will experience foot problems during our lifetime, it's definitely a topic that should be discussed (and quizzed!).



1 What percentage of your body's bones are in your feet?

- a) 8%
- b) 15%
- c) 25%
- d) 40%



2 Match the foot problem to its description.

Plantar warts

Corns and calluses

Bone spurs

Bunions

Hammertoes



- a) Calcium bumps that grow on the bones of your feet
- b) A skin infection caused by a virus
- c) Bony bump on the side of the big toe
- d) When a toe is bent upward at the middle joint
- e) Protective layers of thick, hardened skin

3 When shopping for shoes, which of the following should you NOT do?

- a) Shop late in the afternoon.
- b) Have your feet measured every time you buy shoes.
- c) Buy shoes for your biggest foot.
- d) Buy shoes that will stretch as you wear them.



4 Which of the following may show up first in the feet?

- a) Osteoporosis
- b) Diabetes
- c) Kidney disease
- d) Anemia
- e) All of the above



1 (c) The feet contain 25 percent of your body's bones. In addition to the 26 bones in each foot, there are also 107 ligaments, 19 muscles and tendons, and 33 joints!

2 Matching

Plantar warts (b) To help prevent plantar warts, never walk barefoot in public places. The virus that causes these warts is often found in warm, wet places such as showers, locker rooms, and public swimming pools. If you're not sure what plantar warts or other foot problems look like, visit Mayoclinic.com to see images. These warts may need to be removed by a doctor.

Corns and calluses (e) When the bony parts of your feet rub against your shoes, you may get corns and calluses. Wearing comfortable shoes or using special pads in your shoes may help prevent corns and calluses, or help them go away. If a corn or callus is painful, it's best to call your doctor rather than use over-the-counter treatments.

Bone spurs (a) Bone spurs are caused by muscle strain in the feet. Standing for long periods of time, wearing badly fitting shoes, and being overweight can make bone spurs worse. If you have a painful bone spur, foot supports, heel pads, and heel cups may help.

Hammertoes (d) Hammertoes may be caused by shoes that are too tight, or by muscle and nerve damage (often as a result of diabetes, stroke, or arthritis). Wearing comfortable shoes or foot pads may help, although sometimes surgery is needed.

Bunions (c) A bunion pushes the big toe against the other toes, and the resulting pressure can be painful. Bunions are often genetic, but they can also be caused by too-tight shoes, injury, or certain medical conditions. Wearing wider shoes, taping the foot, or bunion pads may help. In more serious cases, physical therapy or surgery may be needed.

3 (d) Your shoes should fit comfortably when you first buy them. (You don't want to stretch them out.) Shopping late in the afternoon is best because your feet swell as the day goes on. Also, it's important to have your feet measured because they spread as you age.

4 (e) The symptoms of many diseases may show up in the feet. Foot pain may be the first sign of osteoporosis, while diabetes can cause tingling or numbness. Kidney disease (along with high blood pressure, circulatory problems, and heart disease) may result in feet swelling. Toenails that are rounded inward instead of outward can be a sign of anemia.

Prevent a Kitchen Fire

Thanksgiving is a day of giving thanks, eating good food, and...starting fires. Cooking is the most common cause of house fires, and Thanksgiving is top turkey when it comes to setting them. Here's how to keep the fire out of your holiday (and every other day).



1. Check the safety equipment.

Make sure there is a smoke alarm in or near your kitchen, and test it once a month to make sure the batteries are working. Keep a multipurpose ABC-rated fire extinguisher in your kitchen and be sure you know how to use it.

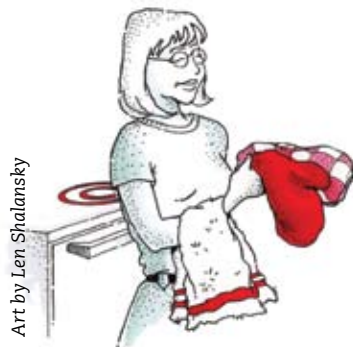


2. Don't leave the scene.

Unattended cooking causes nearly 90 percent of all kitchen fires. If you're frying, grilling, or broiling food, don't leave the kitchen even for a minute. If you're cooking foods for a longer time—such as simmering, baking, or roasting—set a kitchen timer and pop in the kitchen often. Never leave the house when your oven is on.



3. Wear clothes close. If your clothes are long and loose, they can easily catch fire on your stove burners. Wear short sleeves or roll up your sleeves before cooking. If you have long hair, tie it back as well.



4. Make it free and clean. If an item can catch fire, move it away from your stove. That includes towels, potholders, wooden utensils, food boxes, and curtains. Also, clean your stovetop, burners, and oven often to prevent grease buildup.



5. Keep kids and pets at a distance. Kids should stay at least three feet away from the stove for their own safety. Pets should be away from cooking surfaces and countertops so they don't get burned or push items on to the burners.



6. Don't cook and drink. Cooking takes your full attention, so don't fire up the stove if you've been drinking, or if you are tired or taking medication that can make you sleepy.



How and When to Fight Cooking Fires

- **When in doubt, just get out.** When you leave, close the door behind you to help contain the fire. Call 9-1-1 or the local emergency number after you leave.
- If you do try to fight the fire, be sure others are already getting out and you have a clear path to the exit.
- Always keep an oven mitt and a lid nearby when you are cooking. If a small grease fire starts in a pan, smother the flames by carefully sliding the lid over the pan (make sure you are wearing the oven mitt). Turn off the burner. Do not move the pan. To keep the fire from restarting, leave the lid on until the pan is completely cool.
- In case of an oven fire, turn off the heat and keep the door closed to prevent flames from burning you or your clothing.
- After a fire, ovens should be checked and/or serviced before being used again.

Source: U.S. Fire Administration

Blaze Your Own Trail

Train for a long or challenging hike with these six steps.

by Joseph Rotella

Early fall's cooler weather makes it a terrific time of year for hiking (with the added bonus of beautiful foliage). Whether you prefer to be above the clouds or to explore a nearby park, join the millions of Americans who've made hiking one of the most common forms of recreation. A simple day hike over easy terrain usually just requires water, some food, sunscreen, and a good pair of hiking shoes. But a longer hike, or one that could take you to potentially dangerous environments, requires a bit more preparation. Wherever your trail takes you, get the most out of your hike with these six steps:



Train for the trail.

You've decided to give hiking a try. But, before you do anything, it's important to make sure that your abilities match your aspirations. Even if you're used to walking long distances, it's not the same when you're suddenly facing difficult conditions and are carrying a heavy backpack.

If your long-term goal is to attempt a day (or longer) hike, you should plan a basic training routine. Beginners especially should start out slowly, maybe attempting one-to-three-mile hikes once or twice a week. As you progress, increase the time of your hikes and try carrying a small backpack to get used to the extra weight. You should also try hiking different terrains, both uphill and downhill. Slowly increase the number of days that you go on "practice" hikes.



Stretch it out before you head out.

Hiking can be a vigorous activity, requiring movements that you may not be used to. So you'll need to make sure to do some quick, easy stretches before and after any hike, regardless of length or terrain. (Before you stretch, be sure to warm up with a brisk walk.) Stretch your entire body, but focus on your lower body, including the calves, hamstrings, quadriceps, and lower back. For stretching tips, please see page 29.

Don't forget the essentials.

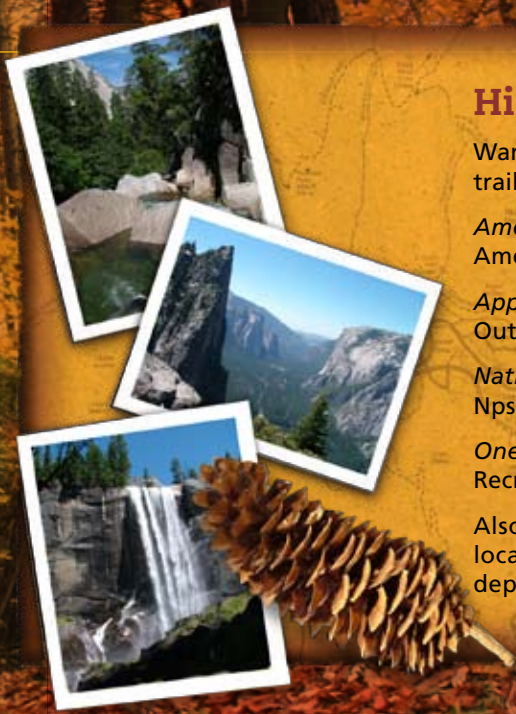
There are lots of things you could pack for a long hike, but the following items are essential (plus a lightweight pack to keep them in):

- Map and compass
- Whistle
- Water
- Matches
- Extra food
- First aid kit
- Sunscreen/sunglasses
- Rain gear and extra clothes
- Knife and/or multi-purpose tool
- Flashlight and extra batteries



You can tailor this list based on the length and difficulty of your hike. According to the American Hiking Society, optional items include a watch, toilet paper, alcohol wipes, insect repellent (DEET is recommended), lip balm, plastic storage bags, twine or nylon cord, duct tape, a blanket, and a cell phone. Even if you'll only be out for a couple of hours, take carbohydrate- or protein-packed snacks for energy, such as granola or other cereals, dried or fresh fruit, crackers, pretzels, nuts, or cheese.





Hiking Resources

Want to find out more, or find a trail near you? Try these resources:

American Hiking Society
AmericanHiking.org

Appalachian Mountain Club
Outdoors.org

National Park Service
Nps.gov

One-stop Recreation
Recreation.gov

Also, be sure to check out your local parks and recreation department online.



Put your feet first.

No matter what, you must have the right pair of shoes or boots for hiking. Shoes that don't fit properly can be painful and will make your experience miserable. You should look for a hiking shoe or boot that feels good as soon as you put it on—never try to “break in” a shoe on a hike. It should fit the shape of your foot, but allow a little more room at the toe than you might be used to. The heel of the shoe should “lock” in your heel and not allow it to twist or move much. Get about a half size bigger than you normally do, to allow for thicker socks. And shop for your shoes or boots at the end of the day, when your feet are at their largest.



Dress the part.

The basic rule of thumb when it comes to clothing is to plan ahead and dress appropriately for the weather. Since weather can change quickly (especially in a mountainous environment), you should be prepared for any sudden shifts. Dress in layers so you can cool off or warm up as needed. Choose lightweight, light-colored (especially in summer), quick-drying clothing (cotton is not advisable) that is easy to fold and pack, and have extras of each item with you in case you get wet or need to add a layer. It's also a good idea to keep extra clothes in your car.



Be smart, safe, and responsible.

Hikers should always remember that they are “guests” of nature and the environment. So be sure to follow all marked signs and rules of the particular area you are in. Avoid damaging property, building fires in undesignated areas, littering, or contaminating water sources. You should also never pick flowers or plants, or disturb wildlife you may come across. Use common sense at all times, and plan ahead so you can be prepared for anything. Following these simple guidelines will make your experience—and that of other hikers—much more enjoyable. |



SIZE UP

YOUR PLATE

by Julie O'Connell

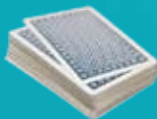
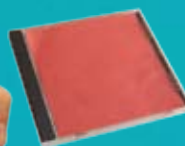
If you're like most Americans, you underestimate the amount of calories you take in each day—by up to 25 percent. Most of us don't realize how much we're eating because we aren't familiar enough with serving sizes. While a portion size is how much food you choose to eat at one time, a serving size is the amount of food listed on a product's nutrition label or on MyPyramid (www.mypyramid.gov). A serving size isn't the recommended amount of food to eat, but it does let you know the calories and nutrients in a certain amount of food.

BASEBALL or PING-PONG?

You don't need a measuring cup to estimate serving sizes. Instead, compare foods to everyday objects. Test your knowledge of serving sizes by matching the foods on the left to the objects on the right. Answers are on page 11.

Food

1. Fruit or vegetables
2. Meat, poultry, or fish
3. Nuts
4. Cheese
5. Butter
6. Pasta or rice
7. Bread
8. Cereal
9. Bagel
10. Peanut butter



Everyday object

- a. Large egg
- b. CD case
- c. Fist
- d. 4 dice
- e. Hockey puck
- f. Ping-pong ball
- g. Baseball
- h. Computer mouse
- i. Deck of cards
- j. 1 die

10 Tips for Keeping Portions in Check

1. Do a split.

If food comes in a large package, such as crackers or pretzels, divide the package into single servings. Or simply take one serving from the package and leave the rest in the kitchen.

2. Serve in the kitchen.

To avoid the temptation of seconds or thirds, leave serving dishes in the kitchen instead of bringing them to the table.

3. Turn off the TV.

It's easy to overeat when you're distracted, so try not to eat or drink in front of the tube, or take only a single serving for snacking.

4. Think small.

Over the past few decades, plate sizes have increased along with portion sizes. Since we tend to fill our plates, try using smaller ones.

5. Go green.

Eating a salad before a meal will help you fill up on nutritious greens and vegetables—and that'll help stop you from overeating. Just go easy on the dressing!



6. Update your plate.

When most of us think of a traditional dinner, the main course is meat, with vegetables and grains on

the side. Nutrition experts now recommend that meat make up only one-third of your plate. (See "Makeover Your Plate" for details.)



7. Snack well.

Eating between meals can help you avoid overeating out of hunger. Choose nutritious, satisfying snacks such as apples with peanut butter, fruit and plain yogurt, or whole-wheat crackers. Just be sure not to oversnack!

8. Put meals on ice.

When you cook large amounts of food, you probably feel obligated to eat it all within a few days. So instead of putting the leftovers in the refrigerator, freeze half (in

single-size portions if you want). You've got a ready-made meal!

9. Order a kid's size.

Next time you've got a craving for something unhealthy at a restaurant (we know it may happen), ask for a kid's size. Even if it's not on the menu, restaurants often have a smaller size than they advertise.



10. Take half home.

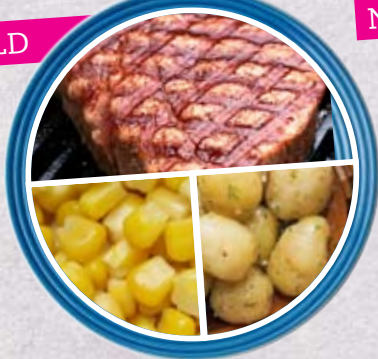
If you're eating out, ask for half your meal to be boxed up before you even receive it. You'll enjoy the rest later, and won't have to worry about overeating.

Makeover Your Plate

The old American model of meat, potatoes, and corn has been replaced with a newer, more nutritious plate. By filling 2/3 of your plate (or more) with vegetables, fruit, whole grains, and beans, you can help lower your risk for obesity, diabetes, heart disease, and more.

Here's a look at the old and the new:

OLD



NEW



Answers
1. g, 2. i, 3. a, 4. d, 5. f, 6. h, 7. b, 8. c, 9. e, 10. f



How much should you eat?

When it comes to nutrition, one size doesn't fit all. To find out how much you should be eating from each food group, visit www.mypyramid.gov.

The site's interactive tools can help you choose the right foods and amounts based on your age, sex, and activity level.

Give Peas a Chance

by Beth Adamo

Learn how you (and your child) can win the daily battle over food.



Remember the old saying, “You can lead a horse to water, but you can’t make him drink”? If you’re a parent, you know how true this is. If only the simple task of feeding your child a healthy meal was actually simple. The reality is that, for many families, it’s become a daily struggle. That’s why we’ve interviewed experts and parents for some straight talk on how to talk to younger children about food.

Children Learn by Doing

Kids love to create and take a personal interest in what they make. "When you involve your child in the process, she's much more likely to eat the final product," says Alicyn Mindel, a nutrition and lifestyle coach. Give your child part of the shopping list and let him help in the kitchen. This can even include growing the food, if you have a vegetable garden. "Discussing where the food comes from before the meal also helps your child feel connected to the food and more likely to eat it," suggests Ms. Mindel. "Fall is such a great time to visit local farms and learn about harvesting and the life cycle of food."



A healthy beginning

In a perfect world, your child would happily eat and enjoy all of the nutritious foods you offer—without any coaxing from you. In reality, no child is agreeable all the time. However, you can increase the chances of raising a healthy eater by giving your child a healthy beginning.

Start by feeding your baby a variety of healthy foods in utero and breastfeed if you can. Breastfeeding exposes your baby to lots of different foods and, very importantly, different tastes—everything mom has eaten on any given day. According to the American Academy of Pediatrics, this exposure helps children adapt more readily to new foods and provides a solid foundation for healthy eating as they grow up.

Be a positive role model

Like most things, eating is a learned behavior. First and foremost, your child learns from you—how to eat, what to eat, and how to use food to get your attention. "Eating is a very social event with a strong emotional context," says child psychiatrist Tamara Davis, M.D. "A toddler quickly learns that he can get your attention easier by throwing food on the floor than by quietly eating it," she says. "Instead of reacting to his negative behavior, be sure to encourage his good behavior with lots of praise. Give him a reassuring smile or say, 'Look at that, you ate all your green beans—what a good job you did!'"



Having regular meals together as a family is essential to raising a healthy eater. Start as early as possible by including your baby or toddler at the dinner table. Eating together gives you an opportunity to be a good role model, and provide encouragement and guidance.

Food wars (and peace)

According to Dr. Davis, forcing your child to finish everything on his plate is not a healthy approach because it can actually train your child to overeat. However, getting your child to try a new food or simply eat some of the delicious and nutritious food you've prepared can be a challenge. Here are some tactics for finding peace amidst the food wars:

Try it, try it, you will see...

If your child refuses to try something new, try referencing the popular book *Green Eggs & Ham* by Dr. Seuss. Remind her that the character in the book loved green eggs and ham once he tried them. Be sure to reward her with lots of praise.

Building blocks for the body

Explain how the food helps your child's body to be healthy. "Make it real what the food is doing for your child," says Dr. Davis. "Explain that spinach is good for his muscles, or how the food provides the 'building blocks' he needs to be stronger or to run faster," she says. Use words and concepts your child can understand.

“The biggest challenge with our almost 3-year-old and food is my wife and I agreeing about how to approach it. You have to try to be on the same page so there’s a consistent message...for example, when it comes to sweets and using them as rewards.” –Joe

“I worry about giving ‘junk foods’ too much power by withholding them or using them as rewards. I’m afraid that restricting these snacks too much will only make them want the ‘forbidden foods’ more!” –Laura



“I make careful choices about which foods we eat at home, but I allow my kids to eat the less-than-healthy snacks they’re given at parties or after baseball games because it’s just too hard (socially) not to.” –Karen

“Sometimes, the toughest part is being a good role model when it comes to eating healthy. But it certainly makes a big difference in your kids’ eating habits when you are.” –Bill

It’s a bird, it’s a plane, it’s superfood!

“It’s also great to introduce the idea of ‘superfoods,’” suggests Alicyn Mindel, a nutrition and lifestyle coach. (If it’s “super,” it must be good, right?) “Superfoods include dark leafy greens, yams, almonds, blueberries, avocado, yogurt, salmon, whole grains, and beans,” says Ms. Mindel. “Since all of these foods are so colorful, you can ask, ‘Did you eat the rainbow today?’ Kids really respond to this idea.”

Healthy vs. unhealthy

Sometimes simply changing the words you use to talk about food can make a big difference. Instead of using “good” or “bad” to describe a food, say it’s “healthy” or “unhealthy.” Talking about food in terms of its nutritional value helps the child learn to distinguish between foods that are “good” for her body vs. foods that simply taste “good” (which may include lots of junk foods, fast foods, and sweets).

Don’t play food games

If you’ve tried everything, and your child still refuses to eat what you’ve prepared, you might be tempted to take the path of least

resistance and make something else. Don’t do it—you are not a short-order cook. “In this kind of power struggle, it’s important to point out that the child always has a choice,” says Dr. Davis. “Calmly explain, ‘This is what we’re having for dinner... If you don’t want to eat this, you don’t have to... It’s your choice,’ and don’t offer an alternate menu.”

“Don’t be afraid to take a stand. But once you do, you have to stick to it—even if that means on rare occasion your child will go to bed hungry because he refuses to eat what you offer,” says Dr. Davis. If you do this in a loving and consistent manner, your child will learn, and the next time will be easier.

Trick or treat?

When faced with an uncooperative eater, you might also be tempted to promise a sweet “treat” as a reward for eating the healthy food on her plate. While this “trick” might seem to work in the short run, it ultimately sends the wrong

message to your child: That the treat is more desirable (and therefore more important) than the healthy food. “Giving praise and positive reinforcement is a much better reward,” says Dr. Davis. On the flip side, you don’t want to completely deprive your child of treats, either, so it’s important to strike the right balance.

Food is not for comfort

It’s also tempting to give your child a snack as a way of keeping him content—in the car, at the store, while watching TV, etc. According to Dr. Davis, this sends the wrong message and can lead to unhealthy eating habits. “When we offer food as a way of comforting, we’re not teaching the child to listen to his body and eat when he’s hungry,” she says.

The bottom line

Like all of us, children need to feel understood. You can validate your child by repeating what she’s saying back to her. Whenever possible, give your child a sense of control over what she eats. And always be honest.

Finally, in the heat of any food battle, it can never hurt to remind your child you’re on her side with a reassuring “I love you.” ■

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Meeting Street



By Peter Hollmann, M.D.

Associate Chief Medical Officer,
Blue Cross & Blue Shield
of Rhode Island

Dear Dr. Hollmann,

I fall asleep easily every night, but after about four hours, I wake up and am wide awake. It often takes me an hour to fall back asleep. I don't think it's stress. Sometimes I think it could be eating before bed, but other times I eat before bed and sleep fine. What could be going on?

Difficulty falling asleep or staying asleep is called insomnia, and it's a common condition, as you can tell from all the ads for sleeping pills. One-third of the population will experience a sleep disorder at some time in their life and one in 10 have chronic sleep problems.

To diagnose a sleep problem, a doctor will take your sleep history and often ask you to keep a sleep diary. In your brief question, you've provided useful information about your sleep history and also hit upon common causes of insomnia. Since you're not awake worrying, you are probably correct that stress is not the cause. However, it could be eating too much, drinking alcohol or caffeine, or vigorous exercise—all of these behaviors can be problematic too late in the day.

The combination of these behaviors also could be the issue. For example, eating late may not keep you up, but eating late and drinking alcohol does.

It's also important to ask yourself other questions: Could the room environment (temperature, lighting, or noise level) change at the time you wake up? Are you woken up by a bed partner who snores or has restless legs? A partner may be able to provide clues about your sleep problem (such as severe snoring). Also, medical conditions or the drugs used to treat them may be associated with sleep disorders.

One key point to know is whether the problem is chronic or recent and short term. You seem to be describing a problem that occurs almost every night and is not related to your behaviors, as best you can tell. Yet even if your behaviors didn't cause the problem, they may be able to cure it.

You can take steps to fix the problem, such as going to bed and getting up at the same time every day. Also, if you can't fall asleep, don't stay in bed. Get up and do a relaxing activity until you're tired.

Another way to solve the problem is through sleep restriction. Sounds like fighting fire with fire, doesn't it? But it can work. Take the total time you sleep each day (not the total time in bed) and set your alarm so that is all you are allowed in bed. At first you'll sleep less if you continue to wake up in the middle of the night. But over days, and by slightly



extending the allowed time in bed, you may re-establish a normal sleep pattern.

If your problem continues despite behavioral changes, talk to your doctor. Medications—over-the-counter or prescription—should not be the first step in treating a chronic problem. Their effectiveness, other than for short-term problems like jet lag, is not well established, and they often have side effects. A small number of patients require full sleep evaluations in a sleep lab, and your doctor can determine if that is needed.

For more information on sleeping problems, please visit The National Institutes of Health at nlm.nih.gov/medlineplus/sleepdisorders.html. ■

A Note from Dr. Hollmann

In the spring issue, I answered a question from someone who wanted to help prevent kidney stones, as his parents had suffered from them. Since he didn't know what type of kidney stones his parents had, I gave him advice on the most common type of kidney stones. After reading the column, one of our readers contacted me with an important reminder about obtaining a complete medical history. She said that the person who wanted to prevent kidney stones could ask his parents to request copies of their lab reports, which would show the type of stones they had. Then his doctor could use those reports to recommend steps to prevent kidney stones.

I'd like to thank that reader for her excellent advice. Patients play a vital role in organizing their medical information, especially when it involves a family history. As we better understand genetics, it is increasingly important for us to obtain detailed medical histories, and share that information with family members.

Got a question? E-mail your health question to choices@bcbsri.org, or mail it to:

While Dr. Hollmann cannot respond to letters personally, he'll answer as many as possible in the next issue.

The information provided through this column is intended solely for general information and should not be relied upon for any particular diagnosis, treatment, or care. Always consult with your doctor for appropriate examinations, treatment, testing, and care recommendations.

The Doctor's In
c/o Choices

444 Westminster Street
Providence, RI 02903

After a **Scary** Diagnosis

by Mary Barlow

Being diagnosed with a life-threatening illness can make you feel out of control. Here's how to take your life back.



Many people who've been diagnosed with a life-threatening illness describe it as a loss of what life was supposed to be like—the life they had planned on living. It may also mean the loss of your favorite foods and activities, of your independence, and of power and order. It's the terror in knowing, and *in not knowing*, and it's the loneliness of living outside the bustle of everyone else's life.

"After receiving a serious diagnosis, you're in a state of shock, certainly in crisis," says Steven Friedman, Ph.D. of Beacon Health Strategies. "You may be numb, you may be unable to process what's going on, and you certainly may be emotional."

Some life-threatening illnesses come seemingly out of nowhere, and others arrive after months of medical testing. Either way, the news comes as a blow, and it's hard knowing where to turn. "I have felt like a healthy person who has been accidentally drop-kicked into a foreign

country," writes Jesse Gruman, Ph.D. in her book *Aftershock: What to Do When the Doctor Gives You or Someone You Love a Devastating Diagnosis*. "I don't know the language, the culture is unfamiliar, I have no idea what is expected of me, I have no map, and I desperately want to find my way home."

But the way to good health seems as distant as Oz when you're feeling frantic. That's why, if there's time, you need to give yourself at least a day or two to digest the news you've just received. Set up any medical tests and appointments, and

then take a couple of days off from everything else. During this time, only do what makes you most comfortable.

How to take control

Once you've given yourself a chance to process the news of your diagnosis, it's important to take the steps necessary for the best possible outcome:

Be yourself

After the diagnosis, it may feel like the disease defines you. You may start to describe yourself by saying, "I am a

diabetic” or “I have heart disease.” But you are also a spouse, brother, sister, friend, teacher, attorney, bus driver, artist, etc. “There are so many other dimensions of your life,” explains Friedman. “And it’s important to continue identifying with all of them.”

Stay hopeful

Having a positive perspective helps. “Some people with terminal illnesses do recover,” says Friedman. “And we don’t know what goes into that, but hope is important.” People with a life-threatening illness tend to feel better—physically and emotionally—when they feel able to manage their disease. Knowledge and optimism help people to feel empowered.

Establish your inner circle

Decide with whom you’ll share your medical information. Some people want to be surrounded by family members and friends. Others prefer a quieter environment. Consider what’s best for you and let your loved ones know.

Find people—or if possible, hire them—to help with household chores, yard work, and other jobs. Think about how you’ll handle your regular job.

Consider whom you’ll turn to just to talk. This may include professional counseling, a support group, or a close friend. Many hospitals offer support groups for various conditions. You can also find them on the Web or in phone books.

Keep in mind that finding the right balance takes time. While you want to keep your life as normal as possible, it’s also important not to overdo it. Give yourself more time and a lighter load to reduce the stress on your body and mind.

Research the illness

While it can be frightening, learning more about the illness will also help you to find and decide on treatments and care. If there’s time, visit bookstores and libraries to learn as much as you can about the condition you’re facing. Also, look for information on Web sites sponsored by reputable government and nonprofit organizations. But when it comes to research, be sure to steer clear of Web sites selling remedies.

Find the right care and treatments

After learning about your condition, consider if you should get a second opinion and/or if you need other doctors and medical professionals on your healthcare team. Discuss with your doctor(s) possible treatment options and where you can find them. Consider what care and treatments you may need right away and which ones should come later.

Take time for yourself

As you work toward better health, try to stay as strong as possible. If your doctor says you can exercise, try to do so. Also strive to eat a healthy diet. Spend time with loved ones, and take small steps to achieve something that interests you. All of this will help you gain a sense of control at a time when you’re feeling otherwise vulnerable. ■

Being there

What do you say and do when a loved one experiences serious illness? Here are ideas on how to show your care:

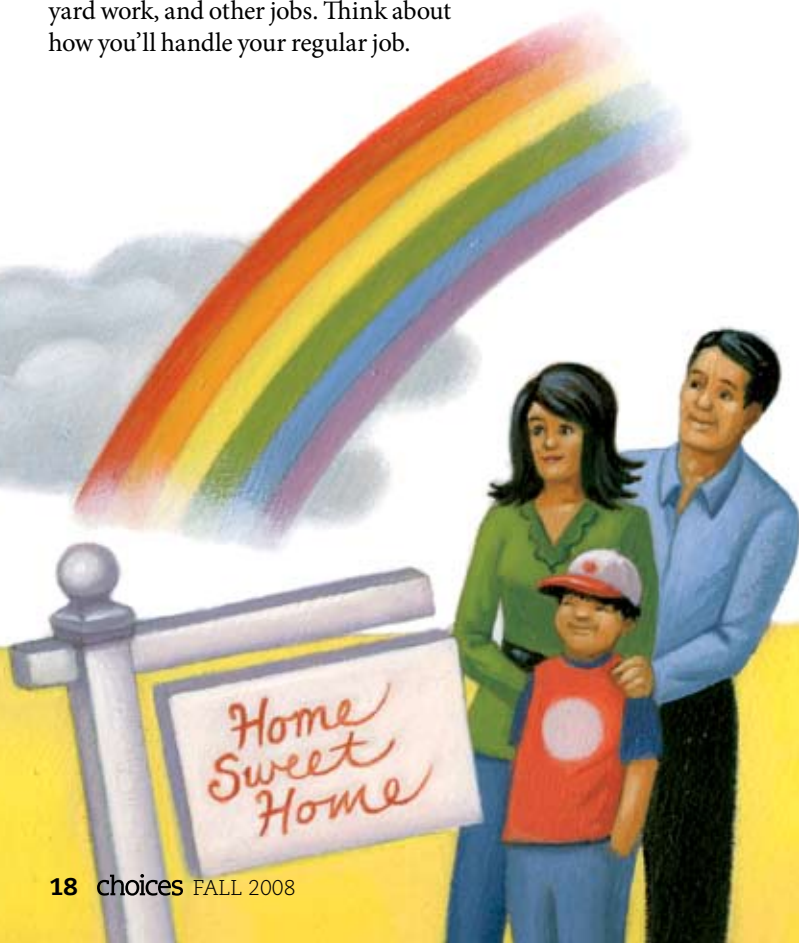
What to say

- Ask: “Tell me how you’re feeling.” This is not only a conversation starter, but a way to help your loved one share what’s most troubling.
- It’s fine to say: “I don’t know what to say.” Use this statement as a way of reaching out. It may lead to deeper conversation.
- Listen and acknowledge your loved one’s feelings (e.g., “This must be scary for you.”), but don’t say, “You’ll be fine.” This statement may undermine what your loved one is experiencing.

- Avoid discussing your bad experiences with illness or those of other people. This may frighten your loved one.

What to do

- Send cards and notes.
- Offer to answer phone messages and keep friends and family members informed if your loved one wants.
- Offer to accompany your loved one to doctor appointments.
- Volunteer to provide child care, make meals, or do errands.



Thirty minutes.



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A Look in the Mirror

The health of your mouth can alert your dentist to problems in other parts of the body.

by Julie O'Connell

Dr. Walter Sepe, a board-certified periodontist, has treated many patients who didn't know they had diabetes. "Many of these individuals had no idea. Their mouth, however, didn't look healthy, particularly for their age and medical history. There was more inflammation and bone loss around the teeth than I'd see in a healthy individual."

It's not unusual for diseases in other parts of the body to produce signs and symptoms in the mouth. In fact, many diseases and conditions are first detected by dentists during regular checkups. "The mouth is really the window to the body," says Dr. Sepe. "Dentists see signs of a variety of health problems, and often refer patients to their physicians for follow-up."

Here's a look at some of the diseases and conditions that show signs in the mouth, and how your dentist may detect them.

Diabetes

What it is

A disease in which your blood glucose (sugar) levels are too high. Complications of diabetes can include heart disease, stroke, amputations, and blindness.

Signs and symptoms in the mouth

- Gum disease (bleeding and/or swollen gums)
- Unusually dry and irritated mouth tissue
- Foamy saliva
- Gums pulled away from your teeth
- Fungal infections
- A change in the way your teeth fit when you bite
- Bad breath or a bad taste in your mouth

Facts to know

Nearly 5.7 million people are unaware they have diabetes. That's one-quarter of those who have the disease.

Bulimia

What it is

An eating disorder in which people eat an unusually large amount of food (binging), then try to "undo" the binge by getting rid of food (purging). This may be done by making themselves vomit, taking laxatives, exercising too much, or not eating. In addition to damage caused to the mouth by stomach acid, bulimia can result in heart, kidney, and bone problems.

Signs and symptoms in the mouth

- Worn or discolored tooth enamel
- Increase in the number of sensitive and decaying teeth
- Swelling in jaw or cheek area
- Dry, cracked lips
- Small bruises or ulcers on the roof of the mouth
- A chronic sore throat

Facts to know

People with bulimia often hide their binging and purging, so the disease can go undetected for years. If a dentist recognizes the problem, he or she can

encourage patients to get help. Since many people with bulimia are teenagers, dentists can also alert parents to the disorder.

HIV and AIDS

What it is

HIV is the virus that causes AIDS. It attacks the immune system, which makes it more difficult for the body to fight infections. AIDS is the final stage of HIV infection.

Signs and symptoms in the mouth

- Gum disease (bleeding and/or swollen gums, as well as dry mouth)
- Herpes – red sores on the roof of the mouth or outside of lips
- White patches that are sometimes thick and hairlike
- Thrush – white or yellowish patches with redness or bleeding underneath
- Warts – small bumps that are usually white, gray, or pinkish

Facts to know

Once someone is diagnosed with HIV/AIDS, keeping close track of their oral health is one way to determine the health of their immune system. Certain conditions may appear when the immune system starts to weaken, while others are seen as the syndrome progresses.

Leukemia

What it is

Cancer that causes large numbers of blood cells to be produced and enter the bloodstream.

Signs and symptoms in the mouth

- Gum disease (bleeding and/or swollen gums)
- Mouth ulcers
- Enlarged tonsils
- Sore throat

Facts to know

Gingivitis (mild gum disease) is the first sign of leukemia in many children with the cancer. In 2008, about 4,220 children and 44,270 adults are expected to develop leukemia.

Oral Cancer

What it is

Cancers of the mouth and pharynx, part of the throat.

Signs and symptoms in the mouth

- A sore, irritation, lump, or thick patch in your mouth, lip, or throat
- White or red patches that last for weeks
- A feeling that something is caught in your throat
- Difficulty chewing or swallowing, or moving your jaw or tongue
- Numbness in your tongue or other areas of your mouth

Facts to know

Oral cancer is one of the deadliest cancers. Only about 6 out of 10 people diagnosed with oral cancer survive for more than five years. Early detection can help significantly improve survival rates.



5 Tips for Healthier Mouths

Dentists can help keep your mouth and body healthy, but they can't do it without you. Following these tips can help protect your oral health:

1. Brush and floss your teeth daily.
2. See a dentist twice a year for regular checkups and cleaning.
3. Tell your dentist if you experience mouth sores; bleeding, redness or swelling; pain when chewing; holes or dark spots in your teeth; loose teeth; or pain in your teeth when you eat something cold, hot, or sweet.
4. Provide your dentist with a complete medical history and keep it up to date.
5. Eat sensibly, and avoid smoking and abuse of alcohol.

Know Your Birth Control Options

by Tara Higgins, R.Ph.

Find out about all your options—there may be more than you realize.











Choosing the right birth control can be a tough decision. There are many options available, and the best method for one person or couple may not be the best for another. When selecting a form of birth control, it's important to consider medical concerns, how likely you are to use the method as directed, and your personal beliefs and values.

To help you understand your options, the chart at right lists some of the most common birth control methods. You can use this list to discuss various methods with your partner and your doctor. *(Please note: The chart only includes non-permanent methods of birth control. Permanent methods such as vasectomy and tubal ligation are not included.)*

Birth control method	What it is
Natural Methods	
Continuous Abstinence	Not having sex at all.
Fertility Awareness*	Not having sex or using another form of birth control during a woman's fertile period (approximately 5 days before ovulation through one or more days after ovulation).
Barrier Methods	
Male Condom	A barrier worn over a man's penis to prevent sperm from reaching the egg.
Female Condom	A barrier inserted into a woman's vagina that prevents sperm from entering her body.
Diaphragm	A latex or silicone cup that is filled with spermicidal gel or foam and inserted in a woman's vagina over the cervix, preventing sperm from going into the cervix.
Contraceptive Sponge	A disk-shaped device made of polyurethane foam that contains spermicide and is inserted in a woman's vagina over her cervix.
Hormone Methods	
Oral Contraceptives ("the pill")	A pill that a woman takes daily and contains hormones that prevent pregnancy.
Depo-Provera™ (shots)	Hormone shots that a woman receives every three months that prevent pregnancy.
Implanon™	Small, thin plastic implant that is inserted under the skin of the upper arm and releases progestin, a pregnancy-preventing hormone.
Patch/Vaginal Ring	Skin patch or ring (inserted in the vagina) that releases pregnancy-preventing hormones into a woman's body. Both are worn for three weeks, then removed for the fourth week to allow menstrual period to occur.
Intrauterine Devices (IUDs)	
Copper T, Progestasert®, and Mirena® IUDs	A small T-shaped device that a doctor inserts in a woman's uterus. It may contain copper or hormones, both of which prevent pregnancy. IUDs can stay in the uterus continuously for one to 12 years, depending on the type of IUD.

*The beads pictured help women track their menstrual cycle and fertility.

5 Most Commonly Used Birth Control Methods in the United States

	Effectiveness	Best for	Not recommended for	Available from
	100%	Anyone committed to abstinence.	Those who are not fully committed to abstinence	—
	Depends on the woman's ability to accurately track her menstrual cycle	Women who have regular menstrual cycles and have the discipline to track their cycles.	Women who have irregular cycles; anyone concerned about contracting sexually transmitted diseases (STDs)	—
	84% to 98%	Men and women who want some protection from pregnancy and STDs.	Those who are allergic to latex should use polyurethane condoms	Pharmacy; no prescription required
	79% to 95%	Men and women who want some protection from pregnancy and STDs.	—	Pharmacy; no prescription required
	84% to 94%	Those who want non-hormonal protection from pregnancy that can be inserted before intercourse.	Those who want protection from STDs	Pharmacy with a doctor's prescription
	84% to 91% for women who have not had children; 68% to 80% for women who have had children	Those who want non-hormonal protection from pregnancy that can be inserted before intercourse.	Those who want protection from STDs	Pharmacy; no prescription required
	95% to 99.9% (92% to 99.9% for mini-pill)	Those who want continuous protection. The "mini-pill" (a pill that contains only the hormone progestin) can be used by nursing mothers.	Women over age 35 who smoke or have a history of blood clots or certain types of cancer; anyone who wants protection against STDs	Pharmacy with a doctor's prescription
	97%	Those who want continuous protection without having to remember to take a pill.	Those who want protection from STDs; women who have been using Depo-Provera for more than 2 years in a row	Your doctor
	More than 99%	Those who want continuous protection without having to remember to take a pill; breastfeeding mothers.	Those who want protection from STDs; people taking certain medications or herbal supplements; women who are very overweight	Must be implanted by a doctor
	98% to 99%	Those who want continuous protection without having to remember to take a pill.	Those who want protection from STDs	Pharmacy with a doctor's prescription
	98% to 99%, depending on type of IUD	Those who want continuous protection without having to remember to take a pill.	Those who want protection from STDs	Your doctor

Product photos by David Perluck

- 1.** The pill
- 2.** Female sterilization
- 3.** Male condom
- 4.** Male sterilization
- 5.** Depo-Provera™



**Experts predict an
“age quake” in the
healthcare system
as baby boomers
grow older.**

by Tom Walsh

Guy Shaffer, 57, is part of the first wave of the so-called “baby boom generation.” He’s heard the gloomy predictions of how the more than 78 million “boomers” will swamp the U.S. healthcare system as they age and need more medical services.

But Shaffer refuses to think that way.

“There’s a revolution coming,” he says, smiling, “and it will get here soon enough for me and my personal needs. I’m comfortable with the ability of the system to right itself. It’s certainly upside down now. But Washington will figure it out with a lot of help from the people who vote.”

Other boomers aren’t as optimistic. Another member of the first wave of baby boomers, Linda Plourde, says, “Unfortunately, I believe the healthcare issue for boomers will rest on finances. Since the future of Medicare is questionable, baby boomers who’ve saved enough for healthcare will get through the situation. However, it’s very scary for those who won’t have money to pay for services they need.”

Readying
for
change

Those financial fears may be well founded. According to Fidelity Investments, a couple retiring this year (at age 65, with Medicare coverage) will need about \$225,000 in savings to cover medical costs in retirement. The expenses that future retirees face could be much worse if Medicare isn't available. If changes aren't enacted, Medicare Part A (which pays for inpatient hospital care) could be out of funds as soon as 2019.

What the future holds

Baby boomers are those born during America's greatest population explosion, from 1946 through 1964. The oldest boomers turn 62 this year. According to the Institute of Medicine (IOM), the number of older adults in the United States will nearly double between 2005 and 2030.

In their report, *Retooling for an Aging America*, the IOM predicts that aging baby boomers will face these issues:

- **Chronic health conditions.** Boomers are expected to live longer than previous generations. But that also means they will spend their later years living with more chronic conditions, such as high blood pressure, arthritis, and high cholesterol. These conditions will require more attention from doctors—and more money to pay for them.
- **A dramatic shortage of healthcare workers.** The IOM estimates that the United States will need an additional 3.5 million healthcare providers by 2030.
- **A healthcare workforce not trained to care for older adults.** The healthcare system

is facing a shortage in the number of healthcare professionals specializing in care for older adults. Currently, there are 7,128 geriatricians in the United States, but the United States will need 36,000 by 2030. Their numbers are unlikely to increase much under the current system, in which geriatricians are paid less than other specialists.

Preparing for an "age quake"

The numbers associated with baby boomers and healthcare are "staggering," says Stuart Altman, a Brandeis University professor of healthcare policy who was named one of the nation's 100 most powerful people in healthcare by *Modern Health Care* magazine.

"We are going to face, under any scenario, even if you reduce the numbers by 25 percent, a staggering growth in the need for all kinds of health-related services," Dr. Altman says.

Other experts sound the same warning. In an article titled, "Baby Boomers Put the Hurt on the Healthcare System," Lee Green, M.D., M.P.H. of the University of Michigan Health System says, "The impact of the boomer generation's aging on the healthcare system has been referred to as an age quake because, medically, it is the equivalent of a massive earthquake."

Boomers unique in many ways

As a group, this generation is like no other. And it's not just about the number of people. This generation is more diverse, has more education, and is more likely to live apart

from other family than other generations.

Experts believe that baby boomers will bring about changes in the healthcare system because they tend to be successful, impatient people who want what they want, when they want it. Consider the bank ATM. It's said that boomers wanted easy access to their cash, and banks made it happen. So, too, will hospitals and the rest of the healthcare system. At least that's what boomers expect.

"When my grandparents reached old age, healthcare was something that people avoided. But boomers seek it out," says Michigan's Dr. Green. "They expect to be healthy, stay healthy, and be fixed when they aren't healthy."

Financial choices yet to be made

Dr. Altman says this situation will come down to choices by American people and their leaders. "I think we will reallocate resources to this," he says. "That will occur if we're willing to pay a significantly higher percentage of our national income either in taxes or private insurance premiums. I think it's inevitable that's going to happen." But he adds, "I don't think we [Americans] are going to have as open a pocketbook as we've had before."

This article is the first in a two-part series about how the aging of baby boomers will impact the healthcare system. Look for the second part in the winter 2008 issue.

Find out more about baby boomers' impact on the healthcare system by visiting these online resources:

Retooling for a Healthy America
www.iom.edu/?ID=53452

Download the full Institute of Medicine report referenced in this article. It recommends solutions to help prepare the healthcare system for aging baby boomers, including new models for healthcare training, delivery, and payment.

Health Coverage for Aging Baby Boomers
www.commonwealthfund.org

Read the results of this survey of older adults, which shows that many have chronic health conditions, unstable insurance coverage, and high medical bills. On the Commonwealth Fund's main page, type "Health Coverage for Aging Baby Boomers" into the search box.

When I'm 64: How Boomers Will Change Health Care
www.aha.org

This American Hospital Association (AHA) report explains the health issues that baby boomers are likely to face, and how boomers as a whole will change the healthcare system. Find the report by typing "When I'm 64" into the search box on the AHA home page.



by Leslie Lowenstein

The Great Pumpkin

Think beyond pie—this squash is delicious in soups, pastas, pancakes, and more.



Pumpkins have been enjoyed by North Americans for centuries—they were a staple for Native Americans, who used them both for food and to make household goods, such as mats. Pumpkins also became a fundamental part of the English colonists' diet soon after they arrived. We tend to associate pumpkins with pie, but the colonists used them for soups, side dishes, desserts, and even for making beer.



It's no wonder early Americans used pumpkins so widely. They're not only tasty, but very nutritious. One cup of cooked, mashed pumpkin has 3 grams of dietary fiber and is loaded with vitamin A. It also contains significant amounts of potassium, calcium, and vitamin C. Try these recipes for some new ways to add this nutritious food to your fall menu.

Southwestern Chicken Soup with Pumpkin

- | | |
|--|-------------------------------|
| 1 Tbsp. olive oil | ½ tsp. salt (or to taste) |
| 1 medium onion, chopped | Black pepper to taste |
| 2 garlic cloves, minced | 4 cups chicken broth |
| 1 medium red bell pepper, chopped | 2 cups chopped cooked chicken |
| 2 cups corn kernels | ¼ cup minced fresh cilantro |
| 2 cups pureed pumpkin (or 1 15-oz can) | ½ cup reduced-fat sour cream |
| 2 tsp. chili powder | |
| 1 tsp. ground cumin | |

Heat oil in a large soup pot or Dutch oven over medium heat. Add onion, garlic, and bell pepper. Cook until vegetables soften, about 5 minutes. Add corn, pumpkin, and spices (through black pepper); cook another 5 minutes, stirring frequently to prevent the mixture from sticking. Stir in the broth, reduce heat to medium-low, and simmer for about 20 minutes, or until the vegetables are fully cooked. Add the chicken and cilantro, and simmer another 5 minutes. Serve with a dollop of sour cream.

Note: Make this dish ahead; it's even better reheated!

Pumpkin Ravioli



- 1 cup pureed pumpkin
- ¾ cup part-skim ricotta cheese
- ⅓ cup grated Parmesan cheese
- 2 tsp. brown sugar
- ½ tsp. salt
- Pinch of nutmeg
- 1 package wonton wrappers
- ½ cup chicken broth
- ¼ cup reduced-fat sour cream
- Chopped parsley

In a medium bowl, stir together the pumpkin, cheese, sugar, salt, and nutmeg. Have a platter or baking sheet and a small bowl of water ready. Lay one wonton wrapper out on a surface. Dip your finger or a pastry brush in the water and moisten the edge of one half of the wonton wrapper. Place about one rounded teaspoon in the middle of the wrapper, slightly

closer to the moistened side. Fold the dry side over so that the edges meet and the wonton wrapper is folded in half. Pinch the edges to seal. Repeat with the remaining wrappers and filling, laying the ravioli in a single layer on the platter or baking sheet.

Heat a large pot of water to boiling. Carefully drop the ravioli into the water and cook for 3 minutes. Drain ravioli. In the empty pot, stir together the broth and sour cream. Return the ravioli to the pot and gently stir to coat with the sauce. (Do this as quickly as possible to prevent the ravioli from sticking together.) Sprinkle with the parsley and serve immediately.

How to Make Pumpkin Puree

Although canned pumpkin puree is convenient and good, you can easily make your own. Start by choosing a pumpkin meant for cooking, not carving. They're smaller than carving pumpkins and may be labeled "sugar pumpkins." Cut the pumpkin in half and scoop out the seeds, then cook it in one of three ways:

Oven – Place the halves cut-side-down on a baking sheet sprayed with cooking spray. Roast in a 400-degree oven for about 1 hour or until the pumpkin can easily be pierced with a fork.

Stovetop – Place the halves in a large pot fitted with a steamer basket. (You may need to cut the halves into smaller pieces to fit in the pot.) Put about 1 inch of water in the bottom. Cover and bring the water to a boil; boil for about 20 minutes or until the pumpkin is soft, adding more water if necessary.

Microwave – Place the halves in a large, microwave-safe dish. (You may need to cut the halves into smaller pieces to fit in the dish.) Add about an inch of water to the dish and cook on high for about 15 minutes. Check to see if the pumpkin is soft, cooking several minutes more if needed, until the pumpkin is done.

When the pumpkin is cooked, let it cool enough to handle, then scoop out the flesh and mash it or puree it in a blender or food processor.

Pumpkin Pancakes

- | | |
|-------------------------|--|
| ¾ cup all-purpose flour | 1 cup milk |
| ½ cup whole-wheat flour | ½ cup pureed pumpkin |
| 2 Tbsp. brown sugar | 2 large eggs |
| 2 tsp. baking powder | 2 Tbsp. vegetable oil, plus more for the pan |
| ½ tsp. salt | Maple syrup, powdered sugar, or topping of your choice |
| ½ tsp. ground cinnamon | |
| ½ tsp. ground ginger | |
| ⅛ tsp. allspice | |

In a large bowl, stir together the flours, sugar, baking powder, salt, and spices. In a medium bowl, whisk together the milk, pumpkin, eggs, and oil. Stir the pumpkin mixture into the flour mixture just until combined.

Heat a nonstick skillet or griddle over medium heat and lightly brush with oil. Pour about ¼ cup batter onto the pan for each pancake. Cook until bubbles form on the tops and the bottoms are browned, about 2 to 3 minutes. Flip the pancakes and cook the other side until lightly browned. Repeat with the remaining batter. Serve with the topping of your choice.



Your Choices

MEN

An Apple or a Pear?



Body types often fall into one of two categories, and knowing which one you are can help predict future health risks. In a nutshell, you're an "apple" if you have fat concentrated around your abdomen, and you're a "pear" if you pack pounds on your hips, thighs, and buttocks.

"Apples" who are overweight are at increased risk of heart disease, diabetes, cancer, stroke, and other weight-related disorders because they have extra fat surrounding their internal organs. On the other hand, pear-shaped people have body fat that is close to the skin's surface. While still unhealthy, having a surplus of this fat is considered less dangerous, and easier to lose, than fat around your middle.

To find out your body type, simply get out a tape measure and figure out your waist-to-hip (WHR) ratio:

1. While standing relaxed, measure the smallest circumference of your waist (around your belly button).
2. Measure the largest circumference of your hips (around your buttocks).
3. Now divide the first number by the second number.

According to the Centers for Disease Control and Prevention, if you're a guy and your WHR is higher than .90, you're considered "apple shaped." If the ratio is less than that, you're considered "pear shaped." (For women, a WHR of more than .80 is classified as "apple shaped" and a WHR ratio of less than that is considered "pear shaped.") If you are an apple and are overweight, it's even more important to lose the extra pounds, eat right, and exercise regularly—all of which will help reduce your risk of future health issues.

Keep in mind that WHR should be used as a guideline only. Always consult your physician or healthcare provider for more information on your health risks.



Close, But No Cigar— or Cigarettes

According to a report published in *The New England Journal of Medicine*,

the best way to quit smoking is to stay close to people who don't smoke. In fact, results from the Framingham Heart Study (which monitored the health and habits of more than 12,000 residents of Framingham, Massachusetts from 1971 to 2003) found that the closer the relationships, the better the chance of quitting.

For example:

- » If a husband or wife stops smoking, his or her spouse is 67

percent more likely of smoking among brothers and sisters by 25 percent.

- » A friend quitting decreases the chance of smoking among friends by 36 percent.



Also, keep in mind that habits can be group forming.

For example, coworkers who smoke are likely to take their breaks with other smokers so they can light up together. On the other hand,

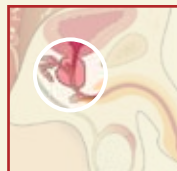
percent more likely to kick the habit.

- » When a sibling quits, it reduces the chance

colleagues who pursue healthier habits will seek out folks who share similar habits, like walking at lunch.

What Is a Prostate?

Located internally in front of the rectum and just below the bladder, the prostate is a gland that performs several important functions, including producing fluid for semen during sexual activity and helping to control the rate at which urine flows out of the bladder. Part of the male reproductive system, a healthy prostate is about the size of a walnut.



The American Cancer Society estimates that there will be more than 186,000 new cases of prostate cancer in the United States in 2008, and that almost 29,000 men will die of the disease this year. Many experts recommend that all men over the age of 50 get their prostate checked every year. (If you're at higher risk for prostate cancer, you might want to start screenings at age 40 or 45. Ask your doctor what's best for you.)

6 Easy Meat-free Meals

Whether you're a vegetarian or are just looking for a veggie-based meal, here are a few ideas that are too good to pass up:

1. Baby spinach salad with dried cherries, goat cheese, and pecans, topped off with balsamic vinaigrette
2. Baked eggplant with mozzarella cheese and a side salad
3. Greek pizza with spinach, tomato, red onion, feta, oregano, basil, and olive oil
4. Three-bean chili with peppers, celery, carrots, onions, and your favorite spices
5. Pasta with butternut squash, caramelized onions, sage, and Parmesan cheese
6. Stir-fry with rice, peanuts, broccoli, water chestnuts, carrots, and your favorite Asian sauce



Baby Steps

No matter how much you try, nothing can prepare you completely for the day you bring your baby home for the first time. It's not unusual to feel an overwhelming combination of joy, exhaustion, excitement, and anxiety. These simple steps can help you deal with all your conflicting emotions:

Take a deep breath. When you feel anxious or upset, it's important to pause and gather yourself. A clear head can go a long way toward helping you deal with most any situation.

Enjoy small moments. Time is precious when a new baby arrives. When you do have a few minutes, try to do something small for yourself. Enjoy a cup of coffee. Read a section of the paper. Call a friend. The laundry may have to wait. It's OK.

Share the load. Talk with your partner about what needs to be done and how you can work together. Let your partner know you don't have all the answers, and that you need input.

Remember the basics. You can't take care of your baby properly if you don't take care of yourself as well. Make sure you eat a healthy, balanced diet, and stay active. When your doctor gives you the go ahead, start exercising. It can relieve stress and help you feel good.



Flex Time

When it comes to exercising, you need to be flexible. And that means including stretching in your routine. Stretching can increase your flexibility and range of motion, which will help you with exercising, as well as everyday activities like cleaning the house and playing with the kids.

These tips can help you get the most out of stretching:

- » **Warmup to the idea.** Contrary to what you may have heard while you were growing up, you should not start your exercise routine by stretching. You need to warm up your muscles first by doing some light exercising.
- » **Make a major effort.** Stretch all your major muscle groups. That includes the muscles in your shoulders, arms, back, hips, thighs, and calves.
- » **Take it easy.** Stretching should be done in a smooth, gradual motion. Don't bounce, or you may hurt yourself. And be sure to breathe as you stretch.
- » **Pay attention to pain.** If a stretch hurts, ease back until the pain goes away.
- » **Finish what you started.** Don't forget to stretch after you work out. It's a great way to help your body cool down.





Ghosts and Gobbling

At Halloween, kids (and kids at heart) tend to go overboard on sweets. The average Halloween candy “haul” for a six- or seven-

year-old is about 8,400 calories (roughly four or five times their recommended daily caloric intake). While you don’t want to deprive kids of candy completely, you can help set limits:

- » Let them keep a percentage of their candy but give the rest away to a charity or food bank.
- » Allow them to “trade in” some candy for a book, toy, etc.
- » Be a good role model by not eating too much candy yourself. Also, consider giving out candy alternatives at your house, such as nuts, raisins, or crackers.

The Daycare Decision

Choosing the right daycare for your child can be challenging. Here are several important things to look for when making your decision:

- The facility should be clean, safe, and secure, with clearly marked emergency exits. Ensure that the main doors are only accessible to authorized adults, and that they use a security system to allow entry.
- Schedule a visit to tour the facility and meet the staff. Staff members should be warm, friendly, and interact with children positively. Ensure that the staff has received proper training and education, and that they have sufficient experience. Also, the teacher-to-student ratio (per room) should be roughly 1 teacher:3-4 infants and 1 teacher:5-6 toddlers.
- Observe if children seem actively engaged, happy, and well taken care of. Check to see if they have educational toys and supervised activities. Ask if the facility provides healthy meals and/or snacks.
- Remember that only you know what is best for your child. If you see (or hear) something that you don’t like, trust your instincts.

Avoid a Wipeout

While lots of fun, skateboarding can also be very dangerous. The U.S. Consumer Product Safety Commission estimates that nearly 26,000 people each year suffer skateboard-related injuries, and roughly 60 percent of those people are under the age of 15.

The most common injuries are sprains, fractures, and contusions, but serious head injuries and even deaths have occurred. These safety tips can help prevent skateboarding injuries:

- » Wear protective gear, including a helmet and guards for wrists, knees, and elbows. Also wear appropriate, slip-resistant shoes.
- » Always skate on smooth surfaces well away from cars or traffic—stay out of the street.
- » Make sure there are no holes or bumps in the skating area, and watch out for rocks, broken glass, or other debris.
- » Don’t ride a skateboard with more than one person on it.
- » Never hold onto a moving vehicle while on a skateboard.



Treat Animal Bites Right

As many as 4.7 million animal bites occur each year in the United States (a majority of the victims are children). Dogs are more likely to bite than cats, but a cat bite is more likely to cause an infection. If your child is bitten, here’s what to do:

- » **If the bite doesn’t break the skin**, wash the wound with soap and water, and cover it with a bandage.
 - » **If the bite punctures the skin**, and/or the skin is badly torn and bleeding, apply pressure to the bite area and see a doctor immediately. You should also see a doctor if there are signs of infection, like swelling, increased pain, oozing, or redness.
- If the bite (whether it broke the skin or not) came from a non-immunized animal that might have rabies, such as a fox, raccoon, or skunk, call your child’s doctor or go to the emergency room.

OLDER ADULTS



Feeling Dizzy?

There are so many things that can cause dizziness, it can make your head spin. Inner ear conditions and infections, certain medications, a drop in blood pressure, and circulatory problems are just a few. But that doesn't mean it can't be corrected. In fact, if you're suffering from dizzy spells, talk to your doctor. An underlying condition that's causing the dizziness could worsen or you could experience a bad fall.

Your doctor will want to know exactly what you're

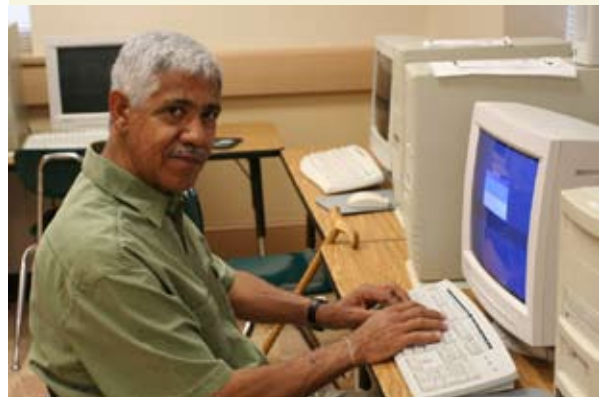
feeling. Do you feel light-headed? Does the room seem to spin? Does the dizziness occur when you move a certain way? How often does it happen? Answers to questions like these will help your doctor zero in on what is causing the problem. Medications you take, other symptoms (such as nausea, fatigue, ringing in your ears), and your medical history will also provide clues. Once a diagnosis is made, here are a few solutions your doctor may recommend:

Medications – Depending on the diagnosis, your doctor may prescribe medication to correct the problem. Meanwhile, changing or stopping certain drugs can also be the answer. One cause of dizziness can be blood pressure medication.

Diet and lifestyle – Sometimes dizziness can be addressed by avoiding alcohol, caffeine, and nicotine, as well as foods that trigger migraines. In certain instances, a low-sodium diet is recommended. Your doctor also may be able to recommend specially designed head and neck exercises, or exercises to improve your overall balance, such as tai chi or yoga.

Back to School

If you want to keep your brain sharp and in shape, you need to exercise it like you do your muscles. Research shows that our brains benefit from lifelong learning and stimulation.



One great way to keep your mind engaged is to go back to school. Now, that doesn't mean you have to go back for your master's degree (although that would be wonderful). You can further your education simply by taking a class at your local college or recreation department. Not only will you gain new knowledge, you'll also enjoy the benefits of getting out and meeting new people.

As you return to academia, here are a few things to keep in mind:

Variety is the spice of learning. Don't be afraid to try new things. Experts say that challenging your brain in different ways is important. Now is the time to finally learn how to play the piano or speak Italian.

A healthy approach is good. You can give both your body and mind a workout by enrolling in a class to learn a new exercise. For example, if you've always been a walker, consider yoga or Pilates.

Believe in yourself. Although your memory and learning power may have faded a bit over the years, you can more than make up for that with your work ethic, wisdom, and determination. If you're still apprehensive, ask a friend to take a class with you.

To find continuing education options in your area, contact local schools, your recreation department, and your library. Your town's school guidance counselors may also be able to help.



Kristen O'Donoghue

Pawtucket, Rhode Island

Kristen O'Donoghue has always been active, participating in soccer, marathons, and even triathlons. "It's mental clarity for me," says Kristen. "Exercise really clears my head, and I just feel better overall after doing it." Now that she's a mom, Kristen has found a fun (and social) way to stay fit while balancing her new responsibilities. Five times a week she leads a group of new moms through a fitness program called StrollerStrides, which includes power walking and other exercises. Walking along Blackstone Boulevard with their babies in strollers, Kristen and her group stop along the way to do aerobics and resistance training. Kristen, her husband Chris, and 18-month-old son Ryan also spend lots of family time together outdoors. They are expecting a baby daughter this November.

Exercise of choice

Running or jogging

Favorite place to exercise

Any place outdoors. Right now, I love the Blackstone Park in Pawtucket. But it doesn't matter if I'm hiking or on the beach. I just love being outside.

Favorite healthy foods

Apples and peanut butter, carrots and hummus, gazpacho soup

Words to live by

"A friend once told me, 'Put on your own oxygen mask first,' and I think that's true. You need to take care of yourself before you can care for others."

Photo by David Witbeck.

We're looking for people of all ages, conditions, and abilities to be featured in "Picture of Health." If you know someone who has chosen to take charge of his or her health by exercising, eating right, and getting regular checkups, we'd like to know! Send us a letter describing why the person you're nominating should be featured, along with a recent photo.

E-mail your submission to choices@bcbsri.org or mail it to:

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Walking is a great first step toward a healthier lifestyle. Besides having health benefits for every age, it's a fun activity to share with family and friends. And walking with others can give you the support and motivation you need to stick with it. Of course, you also have the support of Blue Cross & Blue Shield of Rhode Island. Our wide variety of health and wellness resources are designed to put you, and keep you, on the road to better health.



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